

2012 Record of Public Comments Received by the Alaska Health Care Commission

Updated: 12-05-12

Comments Received During Public Comment Period on Draft Report

Subject	Commenter	Summary of Contents	Form and Date
Health care costs; Insurance Exchange	Pamela Hill, MD	Concern over high cost of insurance premiums. Can't afford coverage for employees. Question about Alaska's plans for an insurance exchange.	Email; 11/9/2012
Workforce	Robert Sewell, MA, PhD, AK Division of Public Health	Report fine – nothing to add. Reference to loan repayment program is good.	Email; 11/14/2012
Oral health	Mary Williard, DDS, Director Oral Health Promotion and DHAT Ed Programs, Alaska Native Tribal Health Consortium	Concerned that report completely ignores oral health. Dental caries is the number one disease of childhood, and Alaska has some of the highest rates of decay in the US. Trend in medical and dental fields to increase collaboration and include oral health as a basic component of overall health. Access to dental services is a problem in Alaska for the uninsured and in underserved communities. ANTHC innovation – Dental Health Aide Therapists. Strongly urge Commission to include information regarding oral health in report.	Email; 11/14/2012
Health care costs; Medical consumerism	Freda Miller, CMA (AAMA), CPC, PCS, HealthCare Considerations	Grateful for effort to reduce cost and improve efficiency in AK HC system. To achieve this goal it is important to educate the consumer about how the health care system, price mechanisms, and health plan cost sharing works – it is challenging for employers to provide this education. Based on prior experience with AK health plans and practice settings, developed a product to teach Alaska medical consumers how to maneuver the health care delivery system and provide tools for decision-making. If patients know how the system works and ask the right questions of their providers, becoming informed medical consumers, there would be a paradigm shift in the purchase of health care. Offered demonstration of product.	Email; 11/15/2012

Telehealth; Workforce	Jennifer Meyer RN,MPH,CPH, University of Alaska Fairbanks	Emphasis in the report on broadband needs in rural areas is good – desperate for high speed in rural AK for e-learning for UAF students. Concerned that telehealth viewed as “the solution” for medical/behavioral health access – current machines are not used - consider alternatives such as Skype over laptop. Suggest rewording – telehealth can “compliment” the current delivery system (not replace it). Appreciate emphasis on growing health care professionals in AK. Provided white paper on barriers to CNA training – example of how antiquated federal requirements and state board interpretations create barriers.	Email; 11/15/2012
Telehealth; Behavioral Health	Gordon Wrobel, Ph.D	Report overly truncated – include citations to support recommendations. Appreciate elevation of the issue of importance of rural telecom infrastructure – telemed has transformative potential if infrastructure to support it is available. In frontier AKn communities only basic health services are available – expensive emergency transportation used when in some cases effective triage might prevent it. Report lacks emphasis on behavioral health – needs are significant and services inadequate in rural/remote Alaska.	Email; 11/16/2012
General	Michael Humphrey, The Wilson Agency	Report captures Commission discussions.	Email; 11/19/2012
Traumatic Brain Injury	Anonymous TBI patient	Care and services for victims of traumatic brain injury is insufficient.	Email; 11/23/2012
Vision & Goals; Workforce; End-of-Life Care	Jacquelyn Serrano, MD, MPH, AK Family Medicine Residency Program	Vision and goals are quite lofty – where do we stand in each of those areas? Agree that more family medicine residencies could play a role in getting more primary care docs to places in need, but adding an internal medicine residency program in AK would not help much. Need more incentives for family med residents to live and work in rural AK. Very supportive of doing away with Comfort One and going to POLST/MOST. Palliative care is wonderful way to provide excellent compassionate care to those with life-threatening illness – public campaign to dispel myths regarding hospice and palliative medicine would be great.	Email: 11/23/2012
Workforce; Telehealth; Employer’s Role	Pat Olsen	Future of health care unknown, but will still need to attract qualified health care providers. Malpractice finding regarding positive environment is anecdotal, and questions if Workforce Coalition has gathered facts – would like to see something more specific regarding what is being done regarding workforce development in the report. How has	Letter transmitted via Email; 11/28/2012

		loan repayment and WWAMI expansion been supported? Telehealth recommendations are excellent. Employer's Role recommendations are excellent – database like the one described would provide consumers with the facts needed to make informed choices. Would like a recommendation for the state to provide a database on health care coverage available to Alaskans, since the state has opted out of the health insurance exchange. Everyone deserves quality, affordable health care.	
Traumatic Brain Injury	Grace Snider, Alaska Brain Injury Network	Ms. Snider provided an e-mail from an anonymous TBI patient expressing the need for better access to information regarding multidisciplinary treatment options and services for TBI patients.	Email; 11/29/2012
End-of-Life Care	Tom Nighswander, MD, MPH, Asst. Clinical Dean, AK WWAMI Program	Recommendations regarding training in end-of-life care and pain management are timely. AK WWAMI is part of UofW Medical School major medical curriculum reform effort. Dr. Nighswander is on the Primary Care Working Committee that will address training and education through all 4 years of medical school, and will use Commission recommendations to emphasize both these issues, as both are critical to the future of health care in the USA and have inadequate recognition in the curriculum.	Email; 11/29/2012
End-of-Life Care	William Hogan, MSW, Interim Dean, College of Health, UAA	Reviewed recommendation regarding inclusion of end-of-life care in curriculum of health practitioner training programs with College of Health Leadership Team, and they are in full support of the recommendation.	Email; 11/29/2012
Traumatic Brain Injury	Deborah Gideon, PhD, Clinical Neuropsychologist	There is a serious absence of post-acute services for individuals with brain disorders and a dearth of prevention efforts and education regarding their needs. The incidence of individuals identified with brain injury is 28% higher than that of other states. Resource needs in Alaska include cognitive, speech, occupational and psychosocial therapies; and structured living and teaching environments. There is also a lack of information about the consequences of brain disorders on the full spectrum of physical to behavioral health, and caregivers and public are not well educated. Request that the Commission attend to the needs of this underserved population, and consider needs for long term rehab, therapies, education for caregivers, and prevention info for the public.	Email; 11/29/2012
End-of-Life Care	Donna Stephens, RN, Med, FT, CTS,	Commend Commission for study of end-of-life care – proposed recommendations are excellent starting points for improvement. Suggest a series of	Email; 11/29/2012

	Executive Director, Hospice of Anchorage	wording changes to Findings Statements that address support for family and caregivers, note hospice is mostly provided in home, clarify distinction between Medicare certified and volunteer hospice, clarify CMS requirements, add benefit of decreased adverse health outcomes for survivors, and add Medical Examiner and 1 st responders to providers Comfort 1 was created to support.	
Cost of prescription drugs; Healthy Lifestyles; Employer's Role; Long term care; Workforce	Gary Miller	State of AK Retiree plan spends a significant portion of claims dollars on pharmaceuticals. Sen. Murkowski should become a co-sponsor of federal legislation S.319 (Pharmaceutical Market Access and Drug Safety Act of 2011). Congress prohibits Medicare and Medicaid from going out to bid for prescription drugs. Tobacco kills more people than alcohol and illegal drugs combined – raise the age for tobacco purchase in Alaska to 21 and restrict sales to liquor stores only. Restrict stores from having bakery goods and junk food near the store entrance and at the check-out counters. Install showers in office buildings; provide preventative health services and information at work sites. Provide nurse services for public employees. Increase home health care services. Medical school should be 100% subsidized by government.	Email; 11/29/2012
Cost Study plans for 2013; Federal Reform; Workforce; Telehealth; Employer's Role	Alaska State Hospital & Nursing Home Association	<ul style="list-style-type: none"> • Oppose SNF price comparison study as it is not a comprehensive look at LTC costs and cost drivers, DHSS is launching LTC strategic planning process, SNF services represent a small proportion of spending, comparable info is available from other states (and in Alaska from Medicaid). • The Commission should take a more active role in federal health reform activities in Alaska – tracking the activities is not enough. The Commission should include a recommendation that Alaska fully explore and ultimately support Medicaid expansion and partner with fed gov on development of insurance exchange to ensure it addresses AK's unique health care environment. Identify ACA activities that are aligned with the Commission's vision/goals and enthusiastically support these activities. • Support Commission's interest in appropriate supply and distribution of HC workers. • Re: Telehealth recommendation #2 (listed as #1 in comments, but references directive to HIE 	Document dated 11/27/12 transmitted via Email; 11/30/2012

		<p>to perform business analysis for statewide brokered telehealth service) – AeHN is not the right entity to take this on at this time.</p> <ul style="list-style-type: none"> • Re: Employer’s Role recommendation #1: Hospitals and nursing homes are committed to increased price and quality transparency. It is essential that providers agree on purpose and operating principles of an All-Payer-Claims Database – a formal stakeholder group should be formed to determine next steps for an APCD. See additional APCD input in attachment • Re: Employer’s Role recommendation #2: Health care is also a major employer capable of playing a leadership role in developing strategies. Be mindful of complexity and fragility of health care system in AK – especially rural – and be mindful of potential unintended consequences. 	
Vision; Federal Reform	Valerie Davidson, on behalf of the Alaska Native Tribal Health Consortium	<ul style="list-style-type: none"> • Include a 4th benchmark for Vision – “All populations in the state are represented on an equivalent basis to the total population in life expectancy, access and health care spending.” • Include a recommendation to expand Medicaid per the Affordable Care Act provision. An analysis of costs, savings and health benefits of expansion for state gov and individual AKns and AKn businesses should be conducted (more complete than current DHSS study) – must identify and analyze the range of direct and indirect impacts on AK residents, health care providers, business, State gov, and economy without delay due to Jan1, 2014 start date. 	Email; 11/30/2012
Behavioral health; Definitions; Telehealth; End-of-Life care; Employer’s Role	Kate Burkhart, Director, Alaska Mental Health Board, Alaska	<ul style="list-style-type: none"> • Disappointed summary of March 9 behavioral health presentation wasn’t included in draft. • Definition of “Health & Healing” should include mental health (goes beyond emotional and intellectual) – a description of “optimal health” should include reference to mental health and freedom from addiction. “Health Care System” definition omits public health care system, specifically API and Dept. of Corrections. • Support telehealth emphasis. Current reimbursement structure limits access to behavioral health services. • Support End-of-Life recommendation regarding secure electronic registry for advance medical directives – should include advance psychiatric directives, which are underutilized in AK 	Email; 11/30/2012

		<p>because there is no secure way to store while ensuring access to providers.</p> <ul style="list-style-type: none"> • Employer's Role - regarding essential elements of employee health management program – Pro-active Primary Care Emphasis must include behavioral health services, and employee health management programs must include Employee Assistance Programs (EAPs), as behavioral health disorders significantly impact employee wellness, performance and productivity. Address this in related finding and in recommendation #2. 	
Healthcare Access; Evidence-based Medicine; Prevention; Workforce; Health Information Infrastructure; Telehealth; End-of-Life Care	Patricia Senner MS, RN, ANP, Alaska Nurses Association	<ul style="list-style-type: none"> • Agree with report in general. • Adolescents and their providers face challenges with transitioning young adults from pediatric providers to adult provider, and from Medicaid or parents' insurance coverage – especially those kids with preexisting conditions. • Support promotion of evidence-based medicine. Evidence-based decision making should apply to health care delivery as well – schemes for replacing licensed professionals with unlicensed personnel should be studied for impact on quality and efficiency. Also – change term from Evidence-Based Medicine to Evidence-Based Healthcare, as all provider-types should use the best available evidence. • Support prevention and population health, which are not well funded. Public Health Nursing has sustained budget cuts. • Strategies to increase supply of primary care physicians should include funding to educate Advanced Nurse Practitioners • As use of EHRs increase problems must be monitored and providers properly trained. • Re: Telehealth finding regarding licensure – licensure not a problem for RN's from outside – agree with this statement. • Commend Commission for end-of-life section – RNs leaders are in providing this care. New program should not be named "POLST" as other practitioners (not just physicians) in AK prescribe treatment. Change reference under Comfort 1 bullet from "life-saving" to "live-prolonging." ANA supported AK 5-Wishes bill, and support active promotion of this and other tools. ANA has also supported secure electronic registry legislation in the past. 	Email; 11/30/2012

Special Populations; Telehealth	Millie Ryan Executive Director, Governor's Council on Disabilities and Special Education	People with developmental disabilities experience poorer health and more difficulty accessing and paying for care. Recommendations for telehealth could have substantial positive impact on disabled Alaskans. The Commission should involve Alaskans experiencing disability in discussions and acknowledge impact quality health care has on them.	Email; 11/30/2012
Special Populations; Telehealth; Employer's Role; Evidence-Based Medicine	Jim Freeburg, Advocacy Director, National Multiple Sclerosis Society	<ul style="list-style-type: none"> • 1,100 Alaskans have MS and experience significant health care needs. Their concerns are shared by other chronic disease populations. Those with MS in rural areas have less access to specialty care and poorer physical health. • The Commission's recommendations regarding telehealth are to be commended – telemed has been shown to positively impact symptom management and quality of life for rural MS patients. Encourage continued investigation of reimbursement and licensure issues, as developments in this area could increase access to specialty care from outside for rural AKns. • Re: Employer's Role – concerned that consumer-driven health plans and co-insurance discourages necessary care and puts treatments out of reach for some with chronic conditions. • Appreciate strategies to be studied in 2013. Encourage evidence-based medicine, but concerned over application to uncommon conditions where research is very limited. Off-label treatment of MS symptoms is commonly accepted. When studying EBM, consider patient protections, like standardized appeals process and respect for patient-provider relationship. MS Society can help provide patient perspective in AHCC's EBM study. 	Email; 11/30/2012
Traumatic Brain Injury	Maesha Champion-Read, LCSW	As licensed clinical social worker for many years, have noted a lack of adequate treatment and services for Alaskans with brain injuries. Acute and post-acute rehab, long term care, and housing options are desperately needed.	Email; 11/30/2012
Workforce	Byron Perkins, DO, AK Area Director, Pacific Northwest University (PNWU) of	Commends Commission on work to-date. Country has significant need for new primary care doctors. Osteopathic profession has produced higher percentages of primary care physicians, who traditionally chose to serve in rural and underserved communities. The 2006 AK Physician Supply Task Force recommended reactivating the	Email; 11/30/2012

	Health Sciences, College of Osteopathic Medicine	WICHE program for funding Osteopath medical education, and explore working with PNWU to educate and train AKn students in Osteo med. PNWU graduated first D.O. class in 2012, which included 5 AKn students. PNWU funded 2 regional Deans in AK to coordinate clinical training here. Currently 23 AKn students matriculated at PNWU and 12 in clinical rotations in AK. Expansion of Osteo med schools across the country increases opportunity for AK students to obtain quality medical education that fosters primary care and service in rural communities. Support development of additional residency training programs in Alaska. Commission's 2009 recommendation to increase WWAMI should also include additional med training options in osteopathic schools – all training opportunities for allopathic med should include osteo med as well. Financial assistance for students to attend osteopathic medical schools should be expanded.	
Vision; 2013 Plans; Healthy Lifestyles	Randi Sweet, MBA, Community Action Director, United Way of Anchorage	Include current data for the three measures under Vision. Consider developing a scorecard to show indicators and trends for the health care system. Consider studying not just the consumer's role in health and health care, but also the community's role, e.g., community needs assessments, non-profit hospital perspective on community health improvement requirements, go to communities working on community health assessments and solicit public comment. Consider studying evidence-based practices to engage Alaskans in health and economic impact of healthy lifestyles. Evaluate a permanent fund dividend for health and wellness.	Email; 11/30/2012
Medicare access; Workforce; Telehealth; Behavioral health; Patient-Centered Medical Homes; End-of-Life care; Employer's role	Denise Daniello, Executive Director, Alaska Commission on Aging (ACoA)	<ul style="list-style-type: none"> • Appreciate AHCC's commitment, and support intent of proposed recommendations. AHCC's goals are critically important to older Alaskans. Older AKns should have access to services which maintain health and independence. • AK has the fastest growing older adult population in the nation. Senior population will require stronger primary and behavioral health care designed to meet needs of older adults, and long term support services. Access to primary care for Medicare in Anchorage and Railbelt a concern. State should track primary care access for seniors insured by Medicare. • Continue efforts to build workforce for primary 	Email; 11/30/2012

		<p>care, geriatric med, and behavioral health.</p> <ul style="list-style-type: none"> • Support telehealth recommendation regarding collaboration – telehealth offers opportunities for increasing access for seniors. • Behavioral health issues are not adequately addressed in recommendations. Depression, alcohol and substance misuse greatly impact older Alaskans. Include focus on importance of behavioral health to overall health. • Include greater emphasis on strategies to implement the PCMH model. • Support end-of-life care recommendations, including evolving Comfort 1 to POLST/MOST, and establishing secure electronic registry for advanced health care directives. • Under employer's role – the State should be a leader in preparing its own employees for successful retirement – including counseling in Medicare enrollment, strategies for healthy aging, and related planning • Please consider Alzheimer's disease and related dementia (ADRD) as an emerging public health problem. AKns with these conditions projected to triple by 2030. Deaths from Alzheimer's disease is on the rise, and associated health care costs continue to climb. AHCC invited to participate in ACoA's ADRD planning effort. 	
Values; Traumatic Brain Injury	Mira Mullen, MA, LPC-NCC	<ul style="list-style-type: none"> • Increase focus, awareness and articulation of wellness, holistic health, and self care. • Utilize Integrative Medical Model – it's cost effective. • Increase awareness of persons with disabilities and switch paradigm to "differently-abled" valid contributors to society and community. TBI as an example – providing the services that improve the functioning of these individuals reduces medical and social services costs. 	